

**WA-70**

(01-13-98)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency**RECEIPT SIGNATURE AUTHORITY**

**NOTE:** *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). 7 CFR Parts 735 through 741 authorize collection of the following data. Furnishing of the requested data is voluntary; and no penalty will be imposed for failure to respond. However, a response is required in order to be considered for a warehouse license (7 U.S.C. 260) and the decision as to the applicant's eligibility for a license must be made in part on the basis of the information provided. This information will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and to the Department of the Treasury.*

*Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0120), Stop 7630, Washington, D.C. 20250 -7630. **RETURN THIS COMPLETED FORM TO YOUR KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION.***

1. LICENSE NUMBER

2. DATE

**NOTE:** *If Warehouseman is a corporation, this form must be signed in accordance with the corporate resolution on file.*

***This is to certify that the person whose signature or facsimile signature which appears in Item 4 has been duly authorized to sign warehouse receipts issued under the U.S. Warehouse Act.***

3. NAME AND ADDRESS OF LICENSED WAREHOUSE (City, State and Zip Code)

4. SIGNATURE OF PERSON AUTHORIZED TO SIGN RECEIPTS

5. NAME OF LICENSED WAREHOUSEMAN

6. BY

*This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.*